



**USDA NRCS**  
**Business Card Order Form**  
Schedule # 75IIB  
Contract #GS-00F-0001K SIN J752-1  
**Please Type or Print**

The Lighthouse For The Blind, Inc.  
PO Box 14959  
Seattle WA 98114-0959  
Phone: (206) 436-2191 or (800) 799-0402  
Fax: (206) 322-4419  
[www.LighthouseStore.com](http://www.LighthouseStore.com)

<b>Contact Name:</b>	<b>Email:</b>	<b>Date:</b>
<b>Telephone:</b>	<b>Fax:</b>	
<b>Shipping Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>

**PURCHASE CARD NUMBER MUST  
ACCOMPANY ORDER**

<b>IMPAC Card Number</b>	<b>Exp. Date</b>
<b>Print Cardholder Name</b>	
<b>Authorized Signature of Cardholder</b>	

**TOTALS FOR THIS ORDER**

ITEM NUMBER	BOX QTY	FRONT ONLY		MISSION STMT ON BACK		SUB- TOTALS
		Unit Cost	No. of Boxes	Unit Cost	No. of Boxes	
BC0902	250	\$26.06		\$35.18		
BC0905	500	\$33.95		\$45.84		
BC0910	1000	\$46.62		\$62.94		
<b>TOTAL COST</b>						


**Instructions for Ordering Multiple Names**

1. Complete "Section A" on the first order form.
2. Attach an additional order form for each additional name.
3. On each additional form fill in the Contact Name in "Section A" and completely fill out "Section B."

**B** *Business Cards contain 30% PCW which meets Federal Procurement Guidelines.*



**Type or Print Clearly all information AS IT SHOULD APPEAR ON CARD**

<div><div></div><div><p>1. <b>Name</b> 2. <b>Title</b> 3. <b>Division</b> 4. <b>Street Address</b> 5. <b>City, ST Zip</b> 6. <b>Voice: (000) 000-0000 • FAX: (000) 000-0000</b> 7. <b>E-mail: name@usda.gov</b></p></div></div>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**SPECIFIC INFORMATION FOR THIS NAME**  
(If no selection is made you will receive 250 1-sided cards)

- |                                               |                                                   |
|-----------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> <b>250 (BC0902)</b>  | <input type="checkbox"/> <b>1 Sided</b>           |
| <input type="checkbox"/> <b>500 (BC0905)</b>  | <input type="checkbox"/> <b>Mission Statement</b> |
| <input type="checkbox"/> <b>1000 (BC0910)</b> | <b>on Back</b>                                    |

**Logo is 2-Color Thermography. All Text is Flat Black Ink.**  
**Cards will be formatted per sample,**  
**to meet NRCS's graphic standards requirements.**

1. Name:	5. City:	State:	Zip:
2. Title:	6. Voice:		
3. Division:	FAX:		
4. Address:	7. E-mail:		

Note: Please preview order forms before submission. Correction requests will be at full cost to the customer if due to unclear orders or errors made on order form. We will honor all replacement requests due to errors on our part if notified within 30 days of shipment. All email addresses are set using lower case. URL's set to home page only. Cancelled orders are subject to charge.